



## Camp Registration Summer 2026

Student Information		
Legal Name:	Last Name:	
Hebrew Name:	Nick Name:	
English Date of Birth:	Hebrew Date of Birth:	
Address:		
City:	State:	Zip Code:
Grade Entering 2026/2027:		

Father's Title:	Legal Name:	
Hebrew Name:		
Address:		
City:	State:	Zip Code:
Email:	Cell Number:	Home:
Employer:	Work Number:	
Work Address:		

Mother's Title:	Legal Name:		
Hebrew Name:			
Address:			
City:	Email:	State:	Zip Code:
Employer:	Cell Number:	Home:	
Work Address:	Work Number:		



## Emergency Contact/ Parental Consent Summer 2026

Child's Name:
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Emergency Contact Person(s):	
Name:	Phone:
Name:	Phone:
Name:	Phone:

Person(s) To Whom Child May Be Released:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

Child's Physician:	Phone:
Address:	
Health Insurance Coverage Company:	Policy Number:

Special Disabilities	No ( ) Yes ( ) _____
Allergies including medication	No ( ) Yes ( ) _____
Medical or dietary information necessary in an emergency	No ( ) Yes ( ) _____
Medication, Special conditions	No ( ) Yes ( ) _____
Additional information on special needs of child	No ( ) Yes ( ) _____

PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
Obtain Emergency Medical Care	Admin of Minor First Aid Procedures
Walks and Trips	Swimming
Transportation By The Faculty	Wading
Posting Pictures on Social Media	Posting Pictures to WhatsApp
I agree to comply with all childcare and safety guidelines	

Signature of Parent of Guardian

Periodic Review  
Signature of Parent of Guardian

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_